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J14720

02/2000

## National Survey of Time Use

### One-Day Diary

For Respondents aged 8 to 13

#### Interviewer Use Only

Point No.

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Address No.

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Person No.

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Diary No.

	1st Diary Day		2nd Diary Day
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Diary Date

		2	0	0	
Date	Mth	Year			

Diary Day

Mon	Tue	Wed	Thu	Fri	Sat	Sun

During term time, most of the day will be spent at school while in the evening people will spend their time playing sports, watching tv, reading and many other things. In the school holidays we have even more time to spend doing different things. You have been specially selected to take part in a national study into what people spend their time doing. By completing this diary you will help us find out a lot of useful information about how people in this country spend their time.

Any information you provide will be treated in strict confidence and will be used for research purposes only.

If you have any difficulties please telephone Viv Young on 020 8861 8025 between 10.00am and 5.00pm Monday to Friday and she will return your call.

Name of diary-keeper: \_\_\_\_\_

Day to which this diary refers: \_\_\_\_\_

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01

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## Please read these instructions before you start

It should be quite easy to fill in this diary. It will be even easier if you first read this page and look at the example on the next page.

Everything that people might do is important. However boring you feel that something is please write it in.

### What were you doing?

In the column "*What were you doing?*", we would like you to write in what you were doing for each ten minutes of the day.

On the page opposite is an example of a diary that someone has already filled in. If you have a look at it you will get an idea of how we would like you to complete your diary. The person who filled in the diary opposite was getting ready for school.

It may seem like a lot of work to write in what you were doing for every ten minutes of the day but if you were doing the same thing for more than 10 minutes you can use an arrow instead of having to write in the same thing a lot of times.

If you were doing something you feel you don't want to tell us about, please write "personal".

### Where were you?

Please write in where you were.

If you were in the same place for more than ten minutes please use an arrow - as is shown in the example.

You do not have to fill in this column for time at school or asleep.

### Were you with anybody?

Please show if you were with anybody by putting a cross or crosses in the boxes. Have a look at the example on the next page. You can use a line to show how long you were with anybody, but put a cross in the box when you stop being with them.

To be with somebody does not always mean that you do things together, but that you are in the same place - like in the same house, or on the same bus.

You do not have to fill in this column for time at school or asleep.

### Questions About Your Diary Day

When you have filled in the diary, there are some questions we would like you to answer at the end. Please remember to answer these questions.



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### Example

This is an example of how somebody might fill in one page of the diary day.

Date Morning Time, am	What were you doing?	Where were you? e.g. At home, at friends, in car, on bus, train, cycling, walking	Were you with anybody?				
			Please mark the boxes. See example on page 3.	Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
7:00 - 7:10	Sleeping			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30	Got dressed	At home		<input type="checkbox"/>	X	X	<input type="checkbox"/>
7:30 - 7:40	Ate breakfast			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00	Got bag ready for school			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10	Brushed my teeth			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20	Made sandwiches			<input type="checkbox"/>	X	X	<input type="checkbox"/>
8:20 - 8:30	Walked to bus stop	Walking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
8:30 - 8:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50	Got bus to school	On the bus		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
9:00 - 9:10	At school			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

|—————|

You do not have to fill in these  
columns for time at school or asleep.  
Please make sure you fill them in for  
all other times.

**Please take this diary with you during the day and fill it in now and then.  
The diary starts at 4.00am on the next page. Thank you for your help.**

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03

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<b>Date</b> <input type="text"/> Date Month Early Morning Time, am	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Please mark the boxes. See example on page 3.	Alone or with people you don't know	With your parent(s)	With other people in your household
4:00 - 4:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:10 - 4:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:20 - 4:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30 - 4:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:40 - 4:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:50 - 5:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 - 5:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:10 - 5:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:20 - 5:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 - 5:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:40 - 5:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:50 - 6:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 - 6:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:10 - 6:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:20 - 6:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:30 - 6:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:40 - 6:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:50 - 7:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Date</b> Morning Time, am	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Please mark the boxes. See example on page 3.	Alone or with people you don't know	With your parent(s)	With other people in your household
7:00 - 7:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30 - 7:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:20 - 8:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30 - 8:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 9:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Date</b>	<b>What were you doing?</b>		<b>Where were you?</b>  e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				<i>Please mark the boxes. See example on page 3.</i>			
Late Morning Time, am			Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know	
10:00 - 10:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:10 - 10:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:20 - 10:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:30 - 10:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:40 - 10:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:50 - 11:00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:00 - 11:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:10 - 11:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:20 - 11:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:30 - 11:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:40 - 11:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:50 - 12:00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:00 - 12:10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:10 - 12:20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:20 - 12:30			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:30 - 12:40			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:40 - 12:50			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12:50 - 1:00			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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PLEASE GO ON TO THE NEXT PAGE

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<b>Date</b> Afternoon Time, pm	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
1:00 - 1:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:10 - 1:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:20 - 1:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 - 1:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:40 - 1:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:50 - 2:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 2:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:10 - 2:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:20 - 2:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 - 2:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:40 - 2:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:50 - 3:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 3:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:10 - 3:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:20 - 3:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:30 - 3:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:40 - 3:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:50 - 4:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GO ON TO THE NEXT PAGE

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<b>Date</b> Early Evening Time, pm	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
4:00 - 4:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:10 - 4:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:20 - 4:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:30 - 4:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:40 - 4:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:50 - 5:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00 - 5:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:10 - 5:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:20 - 5:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:30 - 5:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:40 - 5:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:50 - 6:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00 - 6:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:10 - 6:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:20 - 6:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:30 - 6:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:40 - 6:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:50 - 7:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GO ON TO THE NEXT PAGE

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<b>Date</b> Evening Time, pm	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
7:00 - 7:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:10 - 7:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:20 - 7:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30 - 7:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:40 - 7:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:50 - 8:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00 - 8:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:10 - 8:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:20 - 8:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:30 - 8:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:40 - 8:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:50 - 9:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 - 9:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:10 - 9:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:20 - 9:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:30 - 9:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:40 - 9:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:50 - 10:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PLEASE GO ON TO THE NEXT PAGE

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<b>Date</b> Late Evening Time, pm	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
10:00 - 10:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:10 - 10:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:20 - 10:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 - 10:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:40 - 10:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:50 - 11:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 - 11:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:10 - 11:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:20 - 11:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:30 - 11:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:40 - 11:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:50 - 12:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 - 12:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:10 - 12:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:20 - 12:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 - 12:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:40 - 12:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:50 - 1:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Date</b> Night Time, pm	<b>What were you doing?</b>	→	<b>Where were you?</b> e.g. At home, at friends, in car, on bus, train, cycling, walking	<b>Were you with anybody?</b>			
				Alone or with people you don't know	With your parent(s)	With other people in your household	With other people that you know
1:00 - 1:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:10 - 1:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:20 - 1:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:30 - 1:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:40 - 1:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:50 - 2:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 - 2:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:10 - 2:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:20 - 2:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 - 2:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:40 - 2:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:50 - 3:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 - 3:10		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:10 - 3:20		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:20 - 3:30		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:30 - 3:40		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:40 - 3:50		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:50 - 4:00		→		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GO ON TO THE NEXT PAGE

X

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Please look back over each diary page and check that you have filled in all the columns you need to.

**About Your Diary Day-**  
Please complete the questions below after completing the diary

**1 When did you fill in this diary?**

Now and then during the diary day

At the end of the diary day

The day after the diary day

Later, about \_\_\_ days after the diary day

**2 Where were you at the start of the diary day (04.00 am)?**

At home

Somewhere else

**3 Where were you at the end of the diary day (04.00 am)?**

At home

Somewhere else

**4 Was the diary day during the term or school holidays / vacation?**

Term time (including weekends during term)

School holidays / vacation

**5 Was this day unusual for any reason (e.g. A birthday or a day off school because you were ill)?**

*Please write in why*

Yes  →

No

**6 Did anyone help you to fill in the diary?**

Yes

No

 *Thank you for filling in this diary.*

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